

## Granting of a Direct Debit Authorization and a SEPA Direct Debit Mandate

**Name of the Payee:**

**Creditor Identification Number:**

**Mandate Reference (to be filled in by the Payee):**

**Direct Debit Authorization:**

I authorize / We authorize the payee (name as above) to collect the payments owed by me / us via direct debit from my / our account when due.

**SEPA Direct Debit Mandate:**

I authorize / We authorize (A) the payee (name as above) to collect payments from my / our account via direct debit. At the same time, I instruct / we instruct my / our bank to honor the direct debits collected by the payee (name as above) from my / our account.

**Note:**

I / We may request a refund of the debited amount within eight weeks from the date of debiting, starting from the debit date, subject to the terms agreed with my / our bank.

**Payment Type:**

Recurring Payment

One-Time Payment

**Name of the Payer (Account Holder):**

**Address of the Payer (Account Holder)  
Street and House Number:**

**Postal Code and City:**

**IBAN of the Payer (max. 22 characters):**

**BIC (8 or 11 characters):**

**Place:**

**Date (DD/MM/YYYY):**

**Signature(s) of the Payer (Account Holder):**